

## VERIFICATION OF NO INCOME FORM

(Only fill in sections that are applicable)

### **Relative or Friend (all information is required)**

I, \_\_\_\_\_, certify that \_\_\_\_\_ is currently unemployed and is not receiving any type of monetary income at this time. I have been supporting him/her beginning (date) \_\_\_\_\_ and providing him/her the following:

☐ Paying for room and board outside of my home

Send a copy of the rent receipt and show how much given for food. \$ \_\_\_\_\_

☐ Providing **free** room and board in my home.

☐ Providing monies for room and board in the amount of \$ \_\_\_\_\_.  
Check one: \_\_\_\_ Weekly \_\_\_\_ Bi-weekly \_\_\_\_ Monthly

☐ Other, please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (Print): \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Applicant (Must include a copy of your Social Security Card)**

☐ I receive the following assistance (check all that applies and send verification documents):

☐ RAP ☐ Section 8 ☐ TEMHA ☐ Food Stamps ☐ Unemployment

☐ I have never been employed.

☐ Not presently employed

Last place of employment (if within 6 months): \_\_\_\_\_

Last date of employment: \_\_\_\_\_

To verify, you may call \_\_\_\_\_ at \_\_\_\_\_

### **Shelter or Agency**

I, \_\_\_\_\_, certify that \_\_\_\_\_ resides at (facility's name) \_\_\_\_\_ for a period of:

☐ Less than 6 months

☐ 6 –11 months

☐ 1 year or more

The resident has no income and services that are being provided at this facility include food and shelter.

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_